

CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
①	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10	0						60					
11	0						61					
12	0						62					
13	0						63					
14	0						64					
15	0						65					
16	0						66					
17	0						67					
18	0						68					
19	0						69					
20	0	1					70					
21	0	1					71					
22	0	1					72					
23	0	1					73					
24	0	1					74					
25	0	1					75					
26	0	1					76					
27	0	1					77					
28	0	1					78					
29	0	1					79					
30	0	1					80					
31	0	1					81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1						Total Indep					
Total Depend	30						Total Depend					
Total Claims	31						Total Claims					